

# EXHIBIT C

- D) HIV Co-located Substance Abuse & Primary Care Programs: Access availability for at least fifty percent of the enrollee population with diagnosed substance abuse problems.
- b) The Contractor shall not include in its network any provider
- i) who has been sanctioned or prohibited from participation in Federal health care programs under either Section 1128 or Section 1128A of the SSA; or
  - ii) who has had his/her license suspended by the New York State Education Department or the SDOH Office of Professional Medical Conduct.
  - iii) who has not enrolled with the State as a Medicaid provider, unless such provider is not required to be enrolled as a Medicaid provider. The Contractor may provisionally credential a non-enrolled provider for 120 days pending enrollment with SDOH.
    - A) An enrolled Medicaid provider is not required to provide services to a Medicaid beneficiary who is not enrolled in MMC.
- c) The Contractor must require that Participating Providers offer hours of operation that are no less than the hours of operation offered to commercial members or, if the provider serves only MMC Enrollees and/or FHPlus Enrollees, comparable to hours offered for Medicaid fee-for-service patients.
- d) The Contractor shall submit its network for SDOH to assess for adequacy through the HCS prior to execution of this Agreement, quarterly thereafter throughout the term of this Agreement, and upon request by SDOH when SDOH determines there has been a significant change that could affect adequate capacity and quarterly thereafter.
- e) Contractor must limit participation to providers who agree that payment received from the Contractor for services included in the Benefit Package is payment in full for services provided to Enrollees, except for the collection of applicable co-payments from Enrollees as provided by law.

21.2 Absence of Appropriate or Available Network Provider

- a) In the event that the Contractor determines that it does not have a Participating Provider with appropriate training and experience to meet the particular health or behavioral health care needs of an Enrollee, or who does not have an available appointment, the Contractor shall make a referral to an appropriate Non-Participating Provider, pursuant to a treatment plan approved by the Contractor in consultation with the Primary Care Provider, the Non-Participating Provider and the Enrollee or the Enrollee's designee. The Contractor shall pay for the cost of the services in the treatment plan provided

by the Non-Participating Provider for as long as the Contractor is unable to provide the service through a Participating Provider.

- i) In accordance with 42 CFR 438.910(d)(3), the Contractor shall not apply more stringent processes, strategies, evidentiary standards or other factors for Enrollees to access behavioral health services from Non-Participating Providers than those that the Contractor applies to Enrollees to access physical health benefits from Non-Participating Providers.

### 21.3 Suspension of Enrollee Assignments To Providers

The Contractor shall ensure that there is sufficient capacity, consistent with SDOH standards, to serve Enrollees under this Agreement. In the event any of the Contractor's Participating Providers are no longer able to accept assignment of new Enrollees due to capacity limitations, as determined by the SDOH, the Contractor will suspend assignment of any additional Enrollees to such Participating Provider until such provider is capable of further accepting Enrollees. When a Participating Provider has more than one (1) site, the suspension will be made by site.

### 21.4 Credentialing

#### a) Credentialing/Recredentialing Process

- i) The Contractor shall have in place a formal process, consistent with SDOH Recommended Guidelines for Credentialing Criteria, for credentialing Participating Providers on a periodic basis (not less than once every three (3) years) and for monitoring Participating Providers performance. This shall include, but not be limited to, requesting and reviewing any certifications required by contract or 18 NYCRR § 521.3 completed by the Participating Provider since the last time the Contractor credentialed the Participating Provider.
- ii) When credentialing OMH-licensed, OMH-operated and OASAS-certified providers, the Contractor shall accept OMH and OASAS licenses, operation and certifications in place of, and not in addition to, any Contractor credentialing process for individual employees, subcontractors or agents of such providers. The Contractor shall still collect and accept program integrity related information from these providers, as required in Sections 18 of this Agreement, and shall require that such providers not employ or contract with any employee, subcontractor or agent who has been debarred or suspended by the federal or state government, or otherwise excluded from participation in the Medicare or Medicaid program.